



Mitt Romney
Governor

Kerry Healey
Lieutenant Governor

Robert C. Haas
Secretary

The Commonwealth of Massachusetts
Department of Public Safety
Architectural Access Board
One Ashburton Place, Room 1310
Boston, Massachusetts 02108-1618
Phone 617-727-0660 / 1-800-828-7222
TTY 617-727-0019
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Docket Number: _____

Thomas G. Gatzunis, P.E.
Commissioner

Thomas P. Hopkins
Director

www.mass.gov/aab

APPLICATION FOR VARIANCE

In accordance with M.G.L., Chapter 22, Section 13A, I hereby apply for modification of or substitution for the rules and regulations of the Architectural Access Board as they apply to the facility described below on the grounds that literal compliance with the Board's regulations is impracticable in my case.

PLEASE NOTE: If you are a tenant seeking variances, a letter from the owner of the building is required, authorizing you to apply on behalf of he/she.

1. State the name and address of the owner of the building/facility:

Tel: _____

2. State the name and address or other identification of the building/facility:

3. Describe the facility: (Number of floors, type of functions, use, etc.)

4. Total square footage of the building: _____ Per floor: _____

a. total square footage of tenant space (if applicable): _____

5. Check the work performed or to be performed: ☐ New Construction ☐ Addition ☐ Reconstruction, remodeling, alteration ☐ Change of Use

6. Briefly describe the extent and nature of the work performed or to be performed: (Use additional sheets if necessary).

7. State each section of the Architectural Access Board's regulations for which a variance is being requested:

7a. Check appropriate regulations: ☐ 1998 Regulations ☐ 2002 Regulations ☐ 2006 Regulations

SECTION NUMBER

LOCATION OR DESCRIPTION

SECTION NUMBER	LOCATION OR DESCRIPTION
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

8. Is the building historically significant? ☐ yes ☐ no. If no, go to number 9.

8a. If yes, check one of the following and indicate date of listing:

_____	National Historic Landmark
_____	Listed individually on the National Register of Historic Places
_____	Located in registered historic district
_____	Listed in the State Register of Historic Places

Eligible for listing

- 8b. If you checked any of the above **and** your variance request is based upon the historical significance of the building, you must provide a letter of determination from the Massachusetts Historical Commission, 80 Boylston Street, Boston, MA 02116.
9. For each variance requested, state in detail the reasons why compliance with the Board's regulations is impracticable. State the necessary cost of the work required to achieve compliance with the regulations. **PLEASE NOTE THAT YOU SHOULD SUBMIT WRITTEN COST ESTIMATES AS WELL AS PLANS JUSTIFYING THE COST OF COMPLIANCE.** Use additional sheets if necessary.

10. Has a building permit been applied for? _____ Has a building permit been issued? _____
10a. If a building permit has been issued, what date was it issued? _____
10b. If work has been completed, state the date the building permit was issued for said work _____
11. State the estimated cost of construction as stated on the above building permit. _____
11a. If a building permit has not been issued, state the anticipated construction cost: _____
12. Have any other building permits been issued within the past 36 months? _____
12a. If yes, state the dates that permits were issued and the estimated cost of construction for each permit: _____
13. Has a certificate of occupancy been issued for the facility? _____ If yes, state the date: _____
14. To the best of your knowledge, has a complaint ever been filed on this building relative to accessibility? _____ yes
_____ no.
15. State the actual assessed valuation of the **BUILDING ONLY**, as recorded in the **Assessor's Office** of the municipality in which the building is located. _____. Is the assessment at 100%? _____. If not, what is the town's current assessment ratio? _____

16. State the phase of design or construction of the facility as of the date of this application: _____
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17. State the name and address of the architectural or engineering firm including the name of the individual architect or engineer responsible for preparing drawings of the facility:

_____ TEL: _____

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18. State the name and address of the building inspector responsible for overseeing this project:

_____ TEL: _____

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PLEASE NOTE: The Board may, in its discretion, hold a hearing on your application for variance. The Board may also decide your application without a hearing, based upon the information you submit. You should therefore include all relevant information with your application. At minimum the plans should include a site plan, all floor plans, elevations, sections and details. **Photographs of existing conditions are extremely important.**

Date: _____

PRINT: _____

Name of owner or authorized agent

Address

City/Town

State

Zip Code

Signature

Telephone

PLEASE ENCLOSE:

A FILING FEE OF \$50.00 (CHECK/MONEY ORDER) MADE PAYABLE TO THE COMMONWEALTH OF MASSACHUSETTS, AS WELL AS THREE *ADDITIONAL* COPIES OF THE ORIGINAL APPLICATION FOR VARIANCE AND ALL SUPPORTING DOCUMENTATION.